

PIMA COUNTY CONSOLIDATED JUSTICE COURT
240 N. Stone Avenue, Tucson, AZ 85701 (520) 724-3171

PLAINTIFF (Name/Address/Phone): ATTORNEY (Name/Address/Phone/PCCN):	CASE NO. SMALL CLAIMS DIVISION STIPULATION FOR USE OF ATTORNEYS	DEFENDANT (Name/Address/Phone): ATTORNEY (Name/Address/Phone/PCCN):
--	--	--

Pursuant to A.R.S. §22-512.C., I, _____, Plaintiff in this Small Claims
Division action, agree that attorneys may be used in this matter.

I have listed the name, address, phone number, and Attorney Number of my attorney in the space above.

I will notify the Court of the name, address, and phone number of the attorney who will represent me.

DATED: _____
_____ Plaintiff's Signature

Pursuant to A.R.S. §22-512.C., I, _____, Defendant in this Small Claims
Division action, agree that attorneys may be used in this matter.

I have listed the name, address, phone number, and Attorney Number of my attorney in the space above.

I will notify the Court of the name, address, and phone number of the attorney who will represent me.

DATED: _____
_____ Defendant's Signature

CERTIFICATE OF MAILING

Copy mailed to: Plaintiff Defendant

DATED: _____
_____ Clerk